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DATE: October 04, 2007
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Please deliver this and the following pages to:

Examiner: Timothy Harbeck
U.S.P.T.O. Group Art Unit: 3692
Telecopier No.: 1 571 273 8300
U.S. Serial No.: 09/915,425
Client/Matter No.: IV13-0006
Sender's Name: Peter Trahms-Neudorfer
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COVER MESSAGE:

OFFICIAL FACSIMILE. PLEASE DELIVER TO EXAMINER IMMEDIATELY.

Attached hereto is/are the following documents:

- 1) Applicant Initiated Interview Request Form

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERY OF THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

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OCT 04 2007

T-815 P.002/002 F-595

PTOL-413A (10-07)
Approved for use through 10/31/2007 OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Applicant Initiated Interview Request Form

Application No.: 09/015,425 First Named Applicant: Jordan Pollack
Examiner: TIMOTHY HARVECK Art Unit: 31092 Status of Application: _____

Tentative Participants:

(1) PETER TRAUMS-NEUDORFER (2) MIKE STEIN
(3) TIM HARVECK (4) _____Proposed Date of Interview: FRIDAY, 10/5/07 Proposed Time: 1:30 EST (AM/PM)
(10:30 PST A.M.)

Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video ConferenceExhibit To Be Shown or Demonstrated: ☐ YES ☐ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>103 REJ.</u>	<u>CLAIM 1</u>	<u>LARSON/PRUST</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Continuation Sheet Attached					

Brief Description of Arguments to be Presented:

Applicant wishes to discuss aspects of claim 1 (first, second, and third fields, file handle) relative to LARSON and PRUST.

An interview was conducted on the above-identified application on _____.

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Jordan Pollack (on behalf of PETER TRAUMS-NEUDORFER)
Applicant/Applicant's Representative Signature

Examiner/SPE Signature

PETER TRAUMS-NEUDORFER
Typed/Printed Name of Applicant or Representative52,999
Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.